

Post-Event Summary Report

Name of Event: Louisiana Geriatrics Society sponsored Conference for Geriatric Health Care Professionals

Date of Event: 7/9/05

Location of Event: University of Louisiana at Monroe, Department of Gerontology, Monroe, La.

Number of Persons attending: 51

Sponsoring Organization(s): Louisiana Geriatrics Society, PO Box 57505, NO, La. 70157

Contact Name: Charles A. Cefalu MD, MS, Executive Director

Telephone Number: 504-568-4574 **Email:** ccefal@lsuhsc.edu

The major theme of the conference was education of geriatric health care professionals in the state of Louisiana. This conference was supported in part by the Governor's Office of Elderly Affairs of the State of Louisiana.

Priority Issue #1:

Traditionally, Louisiana State University School of Medicine in New Orleans and more recently the LSU School of Medicine in Shreveport train the majority of primary physicians who practice in Louisiana through a legislative mandate and funding (75%). Tulane School of Medicine provides a minority of the practicing physicians (15-20%). The rest of Louisiana's physicians are trained at out-of-state medical schools. There has traditionally been very little formal teaching of geriatrics to medical students or resident physicians at the LSU School of Medicine or its affiliated residencies across the state. A 1-year geriatric fellowship option with four slots is in place at the VA Hospital in affiliation with Tulane University School of Medicine and a 3 slot fellowship in geriatrics for physicians started at the LSU School of Medicine during 2005. In the state of Louisiana with a population of 4,486,923 there are only about 75 physicians trained/practicing in geriatric medicine in the State. There is but one gerontological nurse practitioner school at the Southern University School of Nursing in Baton Rouge, La.

The state of geriatric and gerontological training in the state of Louisiana for dentistry, pharmacy, nursing, rehabilitation, social work and gerontology reflects that of medicine in that there is a need to: increase the number of trained professionals; increase coordination as geriatric training tends to be splintered; increase incentives for individuals to choose geriatrics as a field of practice; and increase incentives for professionals to stay in the geriatric field.

Barriers:

There is a lack of education by public officials in the state of Louisiana about the aging baby boomers in the state of Louisiana, their unique health care needs and the current relative void in mechanisms to obtain formal geriatric education at Louisiana state and private post graduate institutions including medical and dental schools, nursing schools, schools of allied health and pharmacy. Most importantly, there is also a lack of knowledge about what Geriatrics and Gerontology entails and why it is important now and in the future. Other barriers include the void in state legislation that would mandate funding for Divisions and Departments of Geriatrics and Gerontology at such institutions and line-item appropriation of funds for such education across all disciplines. Another barrier to be overcome is to educate academic health care administrators in the Louisiana based medical, dental, nursing, allied health and pharmacy schools relative to the rationale for this formal education.

Proposed Solutions:

First, there is a need to educate state and federal elected officials representing the state legislature and US Congress on behalf of Louisiana and the Governor and public policy administrators of the state of Louisiana about the field of Geriatrics and Gerontology, the growing population of the elderly, their unique health care needs, and the need for formally trained geriatric and gerontological health care professionals to care for them now and in the future. This will be resolved by planned and coordinated visits to the offices of Congressional members and key state legislators as well as the Governor's office to educate them.

Public policy forums sponsored by the La. Geriatrics Society and affiliated health care related organizations will focus on this topic at educational seminars sponsored by the respective institution. The Board and Administration of the La. Geriatrics Society continuously supports and engages in inservice and education of academic health care administrators about the need for formal programs in Geriatrics and Gerontology at Louisiana Schools of higher education by one on one visits by their representative respective disciplines.

Support and commitment of the said groups above is necessary for legislation and line-item funding to support Departments and Divisions of Geriatrics and Gerontology at Louisiana-based state supported and private institutions of higher learning including the medical, dental, nursing, allied health, and pharmacy schools as well as Schools and Departments of Gerontology. It is suggested that national geriatric and gerontological organizations such as the American Geriatrics Society, the Gerontological Society of America and similar groups continue to support the concept of formal education of the current and future health care force in Geriatric Medicine and Gerontology. State organizations such as the Louisiana Geriatrics Society, Louisiana State Medical Society, Louisiana Chapters of the American College of Physicians, La. Academy of Family Physicians, Louisiana State Nursing Association, Louisiana Nursing Home Association, Gulf States Association of Homes and Services for the Aging, La. Chapter of the Consulting Pharmacists and La. Chapter of the NASW (Social Workers) should engage in a letter writing campaign and lobby the La. Legislature and state public officials in

support of legislation and line-item funding for Programs in Geriatrics and Gerontology. Lastly, the White House Conference on Aging should support a resolution that fully supports legislation and funding in the future for the formal training of geriatric health care professionals at academic institutions and in the community so that the future health care force will be fully prepared to care for the burgeoning baby boom population to come in the US and here in Louisiana.

The Louisiana Geriatrics Society will continue to work with the Governor's Office of Elderly Affairs to achieve this goal. Lastly, it is highly recommended that the said national geriatric and gerontological organizations as well as the Louisiana Geriatrics Society, Louisiana State Medical Society, Louisiana Chapters of the American College of Physicians, La. Academy of Family Physicians, Louisiana State Nursing Association, Louisiana Nursing Home Association, Gulf States Association of Homes and Services for the Aging, La. Chapter of the Consulting Pharmacists and La. Chapter of the NASW (Social Workers) lobby Congress and in particular La. US Senators and Congressmen in support of continued funding of Title VII of the Bureau of Health Professions, Department of Health and Human Services. This is since Title VII provides grant support for the training of geriatric health care professionals in the community.

Priority Issue #2:

Louisiana currently has the highest ratio of Medicaid monies delegated to nursing home care than any other state. As a result, nursing homes have become a dominant part of the long-term care structure for seniors in need of formal support. As a result, other long-term care options involving Community and Home Care such as Adult Day Care, Assisted Living, and Non-skilled Home Care are limited in number as an option to the elderly in need of formal support and of which is eligible for Medicaid funding. While nursing homes need to be a viable choice in an array of long-term care service options, and through the process of culture change, have the opportunity to emerge as leaders in the area of geriatric care, it is equally important that home and community based services be available to those of our elders who wish to make a different choice. However, the expansion must not be undertaken as a cost savings measure that neglects quality assurance measures or in ways that isolate elders rather than broadening their opportunities for community access and involvement.

Barriers: (list any barriers that may exist related to this issue)

There has been a void of legislative mandates and state regulations until recently including funding mechanisms that encourage home-based and community care options for seniors including Medicaid reimbursement. To some extent, there is a lack of education and awareness among state elected officials about these other options that may be more acceptable to seniors since they may provide a better quality of life and opportunity for socialization and involvement in the community and may be more cost-effective than institutionalization.

Proposed Solutions:

Governor Blanco's Health care Reform Summit and subsequent Movement over the last two years in conjunction with the Louisiana State Department of Health and Human Services has resulted in a change in state laws and regulations governing this issue. This is a terrific beginning. Continued education of state elected officials must continue by the lay public, state and federal public policy organizations and federal and state geriatric health care professional organization mentioned in priority #1. This is necessary so that current efforts are not reversed in the future by future state or federal elected officials, state administrations, public policy groups, health care professional organizations or other influential groups with vested interests in nursing homes or other entities and at the expense of community or home care options.

The Louisiana Geriatrics Society will continue to work with the Governor's Office of Elderly Affairs to accomplish this goal. In addition, the White House Conference on Aging should endorse the concept of culture change here in Louisiana relative to expansion of long-term care options and support the continued efforts of the current legislature and Governor and future administrations and Governors in Louisiana in effecting this culture change.

Priority Issue #3:

Successful aging is a concept central to gerontology. Preventing and delaying the onset of disease in old age through the adoption of a lifestyle in which regular physical activity and exercise, as well as a healthy diet, play a pivotal role in improving the quality of life of elderly Americans. This may ultimately provide a solution to the rising costs of Medicare, Medicaid, and prescription drugs. In addition, Health Maintenance in the form of regular checkups and vaccinations are also essential.

The benefits of compressing morbidity in older adults have been grossly underestimated by professionals working in the field of geriatrics, medicine, and by legislative bodies at the national, state, and local levels. It is a well-known fact that a regimen of permanent, regular exercise improves functioning of the heart, lungs, and circulatory systems, decreasing the risk of developing hypertension, heart disease, stroke, Type II diabetes, cancer of the colon, prostate, and breast. Regular exercise reduces stress, relieves depression, helps control obesity, improves muscle mass which in turn prevents or delays the onset of osteoporosis, relieves the pain from osteoarthritis, decreases the risk of falling by improving balance, and speeds up recovery after long periods of bed confinement. These are all conditions that overwhelmingly affect older adults and are often the cause of institutionalization. Maintaining an independent lifestyle is one of the most pressing concerns of our elderly; therefore, everything possible should be done to afford them the possibility of aging in place and enjoying a good quality of life. Attention to Disease Prevention and Health Promotion through regular screening of specific disease processes and administration of vaccinations is also essential to maintaining an active and healthy quality of life.

Barriers:

Louisiana has very high rates of poverty and illiteracy. Not only are the two linked to each other, both are also linked to poor health care access. Due to illiteracy, a

significant number of elderly in Louisiana may not know where to go for what information and how to fill out that information to receive health care benefits. One fourth of the total Louisiana population is poor and uninsured. The poor and the uninsured go without any kind of health care until the illness or disease becomes too serious and requires hospitalization. The insured use the Emergency Rooms for non-emergency health care needs increases the cost of health care in Louisiana. It appears that Medicaid is used the most by patients in acute-care facilities and long-term care facilities (such as nursing homes). All patients do not require these facilities but may be advised to seek them due to Medicaid payments. Not enough attention is paid to home-based care or health promotion strategies to reduce the cost of health care.

There is also a need to educate current and future geriatric health care professionals relative to the benefit of communicating and promoting a healthy life-style for their patients and encouraging specific screening for disease processes and other health promotion strategies including vaccination procedures. To achieve this goal, success in achieving Priority #1 is critical.

Proposed Solutions:

Education and motivation of our older adults in adopting a healthy lifestyle has positive social and economical benefits, i.e. the elderly, their families and caregivers, institutions, and ultimately the American population at large. The initial financial investment in education and the implementation of a network of capillary services and programs accessible to all elderly Americans, regardless of their health condition, education, and socioeconomic status promoting the adoption of a healthy lifestyle will, with time, bring unforeseen advantages to the country's financial resources as the expenditure of taxpayers' money will progressively shift from Medicare, Medicaid, and prescription drug subsidies to services and programs that will benefit other segments of the American population as well such as the minority populations.

Education and motivation of older adults to achieve a healthy lifestyle can only be possible if the health care force that serves this population is knowledgeable and promotes this philosophy.

Therefore, it is imperative that Priority Areas #1 and #2 above be a focus with their stated proposed solutions. Specifically, this involves formal education and training of all disciplines of the geriatric health care force in Louisiana currently and most importantly in the future, to effect a culture change. In addition, a culture change away from dependence on institutional forms of long-term care (nursing home care) to alternative community and home-based options should increase the number and variety of social and medical options of care available for seniors and in turn reduce the cost of such options available to seniors. Focus on these two priorities would in turn promote the philosophy of a healthy lifestyle and disease prevention.

The Louisiana Geriatrics Society will continue to work with the Governor's Office of Elderly Affairs to achieve this goal. In addition, it is imperative that the Center for Medicare Services continue to support and fund state efforts to improve the quality of care for seniors relative to acute (Hospital and clinic) and chronic care (nursing home) through the services of the Health Care Review organization